MAXIMUS Federal Services

| Case Number: | CM13-0020642 | | |
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| Date Assigned: | 10/11/2013 | Date of Injury: | 06/13/2011 |
| Decision Date: | 04/17/2014 | UR Denial Date: | 08/14/2013 |
| Priority: | Standard | Application Received: | 09/05/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 43-year-old male who reported an injury on 06/13/2011. The mechanism of injury was noted to be that a snake cable twisted, caught and dislocated the patient's left index finger. The patient's diagnoses were noted to include finger amputation and hand and joint pain. Final Determination Letter for IMR Case Number [redacted] 3 The documentation of 07/31/2013 revealed that the patient was working 40+ hours a week and had been able to work and accomplish everything that he needed. The patient was working with a prosthetic and had an index prosthetic glove hand. The patient was utilizing the prosthetic for some of the work activities and for psychosocial reasons to decrease the conspicuousness of the amputation and to allow him to interact normally with the obvious amputation. The assessment and plan were noted to include the completion and modification of the hand prosthetic tool for functional reasons and aesthetic reasons. The physician opined that the patient deserved a prosthetic that did not draw attention to the amputation and allowed the patient to interact with the family and the public with the amputation as inconspicuous as possible.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**PROTIC TOOL TATTOO/ TATOO AT WRIST TO MATCH PATIENTS PATIENT TATTOOS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, section on DME.

**Decision rationale:** According to the medical records provided for review, the physician opined that the patient deserved a prosthetic that did not draw attention to the amputation and allowed the patient to interact with the family and the public with the amputation as inconspicuous as possible. The clinical documentation submitted for review failed to support that the tattoo was rentable, was not generally useful to a person in the absence of an illness or injury, and that it was primarily or customarily used to serve a medical purpose. Given the above, the request for a "Protic" tool tattoo/tattoo at the wrist to match the patient's tattoos is not medically necessary and appropriate.